CLAIMS AS FILED - PART I										NTITY		OTHER		}
TO	TAL CLAIMS			(Column 1)		(Column 2)		1	TYPE [OR 7			
									RATE	FEE	4	RATE	FEE	1
FOR				NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00]
TOTAL CHARGEABLE CLAIMS				minus 20=		*		·	X\$ 9=		OR	X\$18≖	·	۱
INE	EPENDENT C	m	inus 3 =			•	X43=		OR	X86=		1		
MULTIPLE DEPENDENT CLAIM PRESENT									+145=		OR	+290=		1
* If the difference in column 1 is less than zero, enter "0" in column 2								l	TOTAL		OR	L		ł
	C	LAIMS	AS A	MENDE			L	,	OTHER	THAN	1			
		(Colur		(Column 2)			(Column 3)		SMALL	ENTITY	OR	SMALL E		
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	FIRST PRESE	NTATION	OF MI	JLTIPLE DE	PENDENT	CLAIM	<u>A</u>	<u> </u>	445					l
. u		γ.		7.	/	1/	\supset	L	+145= TOTAL		OR	+290=		l
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I		CLAH	VIS		HIGHE	ST	(Column 3)	-		ADD: 1		·	ADDI	
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									X43=		OR	X86=		L
								+	+145=		OR	+290=	•	
	the entry in column the "Highest Num	mber Prevk	ously Pe	id For IN THI	S SPACE IS	less than	20, enter "20."	 1A	TOTAL DIT. FEE	.`	OR ,	TOTAL ODIT, FEE		
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